

110TH CONGRESS  
1ST SESSION

# S. 600

To amend the Public Health Service Act to establish the School-Based Health Clinic program, and for other purposes.

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## IN THE SENATE OF THE UNITED STATES

FEBRUARY 14, 2007

Mr. SMITH (for himself, Mr. DODD, Ms. COLLINS, Ms. SNOWE, Mr. KENNEDY, Mr. VITTER, and Mr. BINGAMAN) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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## A BILL

To amend the Public Health Service Act to establish the School-Based Health Clinic program, and for other purposes.

1       *Be it enacted by the Senate and House of Representa-*  
2       *tives of the United States of America in Congress assembled,*

3       **SECTION 1. SHORT TITLE.**

4       This Act may be cited as the “School-Based Health  
5       Clinic Establishment Act of 2007”.

6       **SEC. 2. FINDINGS AND PURPOSE.**

7       (a) FINDINGS.—Congress makes the following find-  
8       ings:

1           (1) More than 8,000,000 children in the United  
2       States have no form of health insurance and are  
3       therefore unable to access preventive health care  
4       which may lead to untreated conditions, unnecessary  
5       diseases, and death.

6           (2) The American Medical Association rates  
7       adolescents aged 13–18 as the group of Americans  
8       with the poorest health indicators.

9           (3) More than 70 percent of the children who  
10      need psychiatric treatment do not receive services.

11          (4) Children who are in poor health or are vic-  
12      tims of child abuse, poverty, malnutrition, alcohol,  
13      and drug abuse are at risk for academic and social  
14      failure.

15          (5) Without health and social intervention, at-  
16      risk children are often unable to improve academic  
17      performance.

18          (6) School-based health clinics are effective in  
19      bringing preventive and primary care to children and  
20      adolescents.

21          (7) School-based health clinics are effective in  
22      decreasing academic failure resulting from poor  
23      health.

24          (8) The goal of this Act is to provide children  
25      and adolescents with medical and mental health

1 services necessary to be healthy and succeed aca-  
 2 demically.

3 (b) PURPOSE.—The purpose of this Act is to fund  
 4 the development and operation of school-based health clin-  
 5 ics to—

6 (1) provide comprehensive and accessible pri-  
 7 mary health care services to medically underserved  
 8 children, youth, and families;

9 (2) improve the physical health, emotional well-  
 10 being, and academic performance of medically un-  
 11 derserved children, youth, and families; and

12 (3) work in collaboration with the school to in-  
 13 tegrate health into the overall school environment.

14 **SEC. 3. SCHOOL-BASED HEALTH CLINICS.**

15 Part Q of title III of the Public Health Service Act  
 16 (42 U.S.C. 280h et seq.) is amended by adding at the end  
 17 the following:

18 **“SEC. 399Z-1. SCHOOL-BASED HEALTH CLINICS.**

19 **“(a) DEFINITIONS; ESTABLISHMENT OF CRITERIA.—**  
 20 **In this section:**

21 **“(1) COMMUNITY.—**The term ‘community’ in-  
 22 cludes parents, consumers, local leaders, and organi-  
 23 zations.

24 **“(2) COMPREHENSIVE PRIMARY HEALTH SERV-**  
 25 **ICES.—**The term ‘comprehensive primary health

1 services' means the core services offered by school-  
2 based health clinics, which shall include the fol-  
3 lowing:

4           “(A) PHYSICAL.—Comprehensive health  
5 assessments, diagnosis, and treatment of minor,  
6 acute, and chronic medical conditions and refer-  
7 rals to, and follow-up for, specialty care.

8           “(B) MENTAL HEALTH.—Mental health  
9 assessments, crisis intervention, counseling,  
10 treatment, and referral to a continuum of serv-  
11 ices including emergency psychiatric care, com-  
12 munity support programs, inpatient care, and  
13 outpatient programs.

14           “(C) OPTIONAL SERVICES.—Additional  
15 services, which may include oral health, social,  
16 and health education services.

17           “(3) MEDICALLY UNDERSERVED CHILDREN  
18 AND ADOLESCENTS.—

19           “(A) IN GENERAL.—The term ‘medically  
20 underserved children and adolescents’ means a  
21 population of children and adolescents who are  
22 residents of an area designated by the Sec-  
23 retary as an area with a shortage of personal  
24 health services and health infrastructure for  
25 such children and adolescents.

1           “(B) CRITERIA.—The Secretary shall pre-  
2           scribe criteria for determining the specific  
3           shortages of personal health services for medi-  
4           cally underserved children and adolescents  
5           under subparagraph (A) that shall—

6                   “(i) take into account any comments  
7                   received by the Secretary from the chief  
8                   executive officer of a State and local offi-  
9                   cials in a State; and

10                   “(ii) include factors indicative of the  
11                   health status of such children and adoles-  
12                   cents of an area, including the ability of  
13                   the residents of such area to pay for health  
14                   services, the accessibility of such services,  
15                   the availability of health professionals to  
16                   such children and adolescents, and other  
17                   factors as determined appropriate by the  
18                   Secretary.

19           “(4) SCHOOL-BASED HEALTH CLINIC.—The  
20           term ‘school-based health clinic’ means a health clin-  
21           ic that—

22                   “(A) is located in or near a school facility  
23                   of a school district or board;

24                   “(B) is organized through school, commu-  
25                   nity, and health provider relationships;

1           “(C) is administered by a sponsoring facil-  
2           ity; and

3           “(D) provides, at a minimum, comprehen-  
4           sive primary health services during school hours  
5           to children and adolescents by health profes-  
6           sionals in accordance with State and local laws  
7           and regulations, established standards, and  
8           community practice.

9           “(5) SPONSORING FACILITY.—The term ‘spon-  
10          soring facility’ is a community-based organization,  
11          which may include—

12               “(A) a hospital;

13               “(B) a public health department;

14               “(C) a community health center;

15               “(D) a nonprofit health care agency; or

16               “(E) a school or school system.

17          “(b) AUTHORITY TO AWARD GRANTS.—The Sec-  
18          retary shall award grants for the costs of the operation  
19          of school-based health clinics (referred to in this section  
20          as ‘SBHCs’) that meet the requirements of this section.

21          “(c) APPLICATIONS.—To be eligible to receive a grant  
22          under this section, an entity shall—

23               “(1) be an SBHC (as defined in subsection  
24          (a)(4)); and

1           “(2) submit to the Secretary an application at  
2           such time, in such manner, and containing—

3                   “(A) evidence that the applicant meets all  
4                   criteria necessary to be designated an SBHC;

5                   “(B) evidence of local need for the services  
6                   to be provided by the SBHC;

7                   “(C) an assurance that—

8                           “(i) SBHC services will be provided to  
9                           those children and adolescents for whom  
10                          parental or guardian consent has been ob-  
11                          tained in cooperation with Federal, State,  
12                          and local laws governing health care serv-  
13                          ice provision to children and adolescents;

14                           “(ii) the SBHC has made and will  
15                          continue to make every reasonable effort to  
16                          establish and maintain collaborative rela-  
17                          tionships with other health care providers  
18                          in the catchment area of the SBHC;

19                           “(iii) the SBHC will provide on-site  
20                          access during the academic day when  
21                          school is in session and 24-hour coverage  
22                          through an on-call system and through its  
23                          backup health providers to ensure access to  
24                          services on a year-round basis when the  
25                          school or the SBHC is closed;

1 “(iv) the SBHC will be integrated into  
2 the school environment and will coordinate  
3 health services with school personnel, such  
4 as administrators, teachers, nurses, coun-  
5 selors, and support personnel, as well as  
6 with other community providers co-located  
7 at the school; and

8 “(v) the SBHC sponsoring facility as-  
9 sumes all responsibility for the SBHC ad-  
10 ministration, operations, and oversight;  
11 and

12 “(D) such other information as the Sec-  
13 retary may require.

14 “(d) PREFERENCES.—In reviewing applications, the  
15 Secretary may give preference to applicants who dem-  
16 onstrate an ability to serve the following:

17 “(1) Communities that have evidenced barriers  
18 to primary health care and mental health services  
19 for children and adolescents.

20 “(2) Communities that have consistently scored  
21 poorly on child and adolescent standardized health  
22 indicator reports.

23 “(3) Communities with high percentages of chil-  
24 dren and adolescents who are uninsured, under-



1 insured, or enrolled in public health insurance pro-  
 2 grams.

3 “(4) Populations of children and adolescents  
 4 that have historically demonstrated difficulty in ac-  
 5 cessing health and mental health services.

6 “(e) WAIVER OF REQUIREMENTS.—The Secretary  
 7 may—

8 “(1) under appropriate circumstances, waive  
 9 the application of all or part of the requirements of  
 10 this subsection with respect to an SBHC for a des-  
 11 ignated period of time to be determined by the Sec-  
 12 retary; and

13 “(2) upon a showing of good cause, waive the  
 14 requirement that the SBHC provide all required  
 15 comprehensive primary health services for a des-  
 16 ignated period of time to be determined by the Sec-  
 17 retary.

18 “(f) USE OF FUNDS.—

19 “(1) FUNDS.—Funds awarded under a grant  
 20 under this section may be used for acquiring and  
 21 leasing buildings and equipment (including the costs  
 22 of amortizing the principle of, and paying interest  
 23 on, loans for such buildings and equipment), for pro-  
 24 viding training related to the provision of required  
 25 comprehensive primary health services and addi-

1 tional health services, for the management of health  
2 center programs, and for the payment of salaries for  
3 physicians and other personnel.

4 “(2) CONSTRUCTION.—The Secretary may  
5 award grants which may be used to pay the costs as-  
6 sociated with expanding and modernizing existing  
7 buildings for use as an SBHC.

8 “(3) AMOUNT.—The amount of any grant made  
9 in any fiscal year to an SBHC shall be determined  
10 by the Secretary, taking into account—

11 “(A) the financial need of the SBHC;

12 “(B) State, local, or other operation fund-  
13 ing provided to the SBHC; and

14 “(C) other factors as determined appro-  
15 priate by the Secretary.

16 “(g) TECHNICAL ASSISTANCE.—The Secretary shall  
17 establish a program through which the Secretary shall  
18 provide (either through the Department of Health and  
19 Human Services or by grant or contract) technical and  
20 other assistance to SBHCs to assist such SBHCs to meet  
21 the requirements of subsection (c)(2)(C). Services pro-  
22 vided through the program may include necessary tech-  
23 nical and nonfinancial assistance, including fiscal and pro-  
24 gram management assistance, training in fiscal and pro-  
25 gram management, operational and administrative sup-

1 port, and the provision of information to the entities of  
2 the variety of resources available under this title and how  
3 those resources can be best used to meet the health needs  
4 of the communities served by the entities.

5 “(h) EVALUATION.—The Secretary shall develop and  
6 implement a plan for evaluating SBHCs and monitoring  
7 quality performances under the awards made under this  
8 section.

9 “(i) AUTHORIZATION OF APPROPRIATIONS.—For  
10 purposes of carrying out this section, there are authorized  
11 to be appropriated \$50,000,000 for fiscal year 2008 and  
12 such sums as may be necessary for each of the fiscal years  
13 2009 through 2012.”.

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